

SECTION 7 - GENERAL POLICY QUESTIONS

****COMPLETE SECTIONS 7-10.C FOR EVERY BUILDING OR OUTDOOR GROW****

- Use Type: _____ If other: _____
- Please list operation(s): (in this building only) Cultivation Processor Retail - Cannabis Retail - CBD Manufacturer Wholesale Distribution Transportation Delivery Operations Smoke Shop Retail - Hydroponics Lab Other: _____
- a. Yes No Does the applicant allow for on-site consumption?
 1. Yes No Does the premises have a pool, pond, or other water exposure?
 2. Yes No Does anyone live in the above scheduled building or on the premises?
 3. Yes No Are there any dogs on the premises?
 4. Yes No Does the applicant utilize security guards? If yes, what type: _____
 - a. If yes, are the security guards armed? _____
 5. What is the distance to the nearest building? Please provide distance in feet: North: _____ South: _____ West: _____ East: _____
 6. Please provide details for this building below: **If Outdoor Operations, check the box and skip general building questions.**
 - 6.a Year of Construction: _____ 6.d Construction Type: _____ If other: _____
 - 6.b Number of Stories: _____ 6.e Roof Type: _____ If other: _____
 - 6.c Square Footage: _____ 6.f Roof Construction: _____ If other: _____
 7. If the building is older than 20 years, please provide the year each utility was updated:

Roof Age: _____ Plumbing: _____ Electrical: _____ HVAC: _____

SECTION 8 - GENERAL LIABILITY QUESTIONS

****If General Liability Coverage was declined (Section 3) skip to section 9****

1. Yes No Are there any firearms located in the scheduled building listed above?
2. Yes No Does the applicant maintain daily written records of all cannabis, CBD, and hemp containing products, including the purchase date, type of product, and purchase price?

SECTION 9 - PROPERTY COVERAGE

SELECT BOX TO DECLINE COVERAGE

1. Yes No Are there fire sprinklers? If yes, what percentage of the building is sprinklered? _____ %
2. Yes No Is there an active central station fire alarm?
3. Yes No Is there an active central burglar alarm system connected to all windows and doors?
4. Yes No Does the applicant have an approved safe? If yes, answer the below questions (4a-4c):
 - a. How many safes does the applicant have: _____
 - b. What is the weight of the safe?: _____ pounds.
 - c. What is the fire rating time of the safe?(HH:MM): _____ : _____

For specific details please read the Safe Warranty information included with this application.
5. Yes No Does the applicant have an approved vault room? If yes, what type? _____
6. Yes No Does the applicant have a buzz – in system or security personnel at the door?
7. Yes No Does the applicant have interior and exterior cameras?

SECTION 9a - BUILDING OWNERSHIP & LEASE INFORMATION

****If outdoor grow only - skip to section 10****

1. Yes No Sole tenant and no other buildings attached?
2. Yes No Is this a triple net lease?
3. Yes No Does the named applicant own the building?

SECTION 9b - PROPERTY DEDUCTIBLE & COVERAGE LIMITS

Property Deductible: _____

BUILDING COVERAGE:	\$	3RD PARTY CARE / CUSTODY / CONTROL:	\$
TENANTS IMPROVEMENTS/BETTERMENTS:	\$	**The default 3rd Party Care / Custody / Control deductible is \$10,000	
BUSINESS INCOME:	\$	MANUFACTURING EQUIPMENT:	\$
BUSINESS PERSONAL PROPERTY:	\$	INDOOR GROW EQUIPMENT & TOOLS:	\$
MARIJUANA INVENTORY:	\$	OUTDOOR GROW EQUIPMENT & TOOLS:	\$
___ % OF MARIJUANA INVENTORY REQUIRING REFRIGERATION		OUTDOOR SIGNS:	\$

SECTION 9c - PROPERTY EXTENSION ENDORSEMENT OPTIONS

1. Yes No Property Extension Endorsement Options: _____ [Property Extension Form Descriptions](#)
- If yes, please complete the following questions 1a-1j:*
- a. Yes No Will the applicant transport marijuana / cannabis living plants to other businesses?
 - b. Yes No Will the applicant transport harvested, processed, or finished marijuana / cannabis to other business?
 - c. Yes No Will the applicant deliver any marijuana / cannabis products directly to the consumer?
 - d. Yes No Will the vehicles that transport the applicants' property and / or money and securities from the scheduled premises have an active alarm system?
 - i. Yes No *If yes, does it include LoJack or some other tracking service?*
 - e. Yes No Are drivers allowed to make personal stops when transporting goods?
 - f. Yes No Does the applicant screen / collect DMV records from all drivers?
 - g. Yes No Does the applicant allow any firearms or weapons in the vehicles?
 - h. Yes No Does the applicant have a lock box that is bolted to all vehicles?
 - i. Yes No Are drivers allowed to take any cannabis inventory and / or money home?
 - j. Yes No Does the applicant provide lifts, ride share or other livery type operations?

SECTION 9d - EQUIPMENT BREAKDOWN (FOR ABOVE LISTED LOCATION / BUILDING)

1. Yes No Equipment Breakdown Coverage? **** Subject to approval ****
2. Yes No Does the applicant use a generator as their primary source of power?

SECTION 10a - OPERATIONS: PROCESSING (FOR ABOVE LISTED LOCATION / BUILDING)

CHECK BOX IF NOT APPLICABLE

Processing Operations: (Select all that apply) Drying / Curing Quarantine Trimming Storage of finished stock Bagging / Tagging Rolling None

SECTION 10b - OPERATIONS: CULTIVATION / CROP (FOR ABOVE LISTED LOCATION / BUILDING)

CHECK BOX IF NOT APPLICABLE

Location Zoning: (Select all that apply) Commercial Residential Industrial Agricultural Mixed Use

1. Yes No If cultivating, is there a back-up system for the electrical supply?
2. Yes No Does the applicant test 100% of the cannabis products grown?
3. Yes No Does the applicant use or plan to implement sulfur burning in the cultivation process?
4. Please select type of lighting used in building: _____ If other: _____

The following questions (a-b) are only necessary if not 100% LED

- a. Type of ballast(s) used in your operation: _____
- b. Yes No Does Applicant ever use Metal Halide and High Pressure Sodium Bulbs interchangeably in ballasts.
5. Yes No Applicant has used, or will use, a licensed, insured contractor for all electrical work at this grow facility.
6. Estimated number of harvests per year _____
7. Average yield of harvested cannabis per plant (per oz) _____
8. Average wholesale value per pound of finished cannabis stock (per pound) _____
9. Maximum per plant value based on questions 7 and 8 _____

STAGE	NUMBER OF PLANTS	PER PLANT VALUE	TOTAL PLANT VALUES (WHOLESALE)
SEEDS			
IMMATURE SEEDLINGS			
VEGETATIVE PLANTS			
FLOWERING PLANTS			
HARVESTED PLANTS			
FINISHED STOCK (LBS)			
TOTAL CROP VALUE			

SECTION 10c - OPERATIONS: OUTDOOR CULTIVATION / GREENHOUSE (FOR ABOVE LISTED LOCATION / BUILDING)

CHECK BOX IF NOT APPLICABLE

Construction Materials (Select all that apply): Polycarbonate Polyurethane Polyethylene Glass Canvas Other: _____

Or check box if Outdoor Grow ** Please provide photos of greenhouse(s) at time of submission**

1. Yes No Does the property listed above have fencing surrounding the cultivation / greenhouse area?
 - a. Yes No If yes, is the fenced area locked at all times?
2. Yes No Is there any barbed wire, razor wire, or electrified fencing used for security on property?
3. Yes No Are there warning signs at the property?
4. Yes No Are there gates at all entrances of the property?
5. Yes No Are there any traps used for security on the property? If so, please provide details: _____
6. Yes No Is electricity running to this structure?
7. What is the total property size in acres? _____
8. What is the size of the total cultivation area where cannabis and or hemp operations take place in acres? _____

SECTION 10d - OPERATIONS: MANUFACTURING / EXTRACTION (FOR ABOVE LISTED LOCATION / BUILDING)

CHECK BOX IF NOT APPLICABLE

1. Yes No Is this an extraction facility? If no, please describe operations: _____
 - a. If yes to extraction, what method is being used: _____ If other: _____
 - b. If CO2 extraction, how many CO2 detectors are in the building? _____
 - c. If solvents or gases are used, what type of loop system is used: _____
2. Yes No Will the applicant's equipment be used and or rented to others who are not the named applicant?
 - a. Yes No If yes, will the applicant require them to carry their own insurance and name you on their policy?
3. Yes No Is the address listed above the only location where operations are performed?
4. Yes No Is the applicant doing any traditional cooking at this location? If yes, please complete question 4a.
 - a. Yes No Will there be open flame cooking and or fryer operations at the property listed above? If yes, please complete questions 4b-4h.
 - b. Description of products that require open flame / frying: _____
 - c. Yes No Are the open flame cooking / frying operations conducted under a non-combustible power ventilation hood?
 - d. Yes No Does the applicant's establishment have an UL-300 compliant automatic fire suppression system with nozzles extended over all cooking surfaces? If yes, what type of fire suppression system is it? _____
 - e. Yes No Is there an automatic gas / propane supply cutoff?
 - f. Yes No If you have a deep fat fryer, does it have a high limit temperature switch?
 - g. Yes No Are hoods and flues inspected / cleaned by an outside service and tagged for verification at least every 6 months?
 - h. Yes No Has the applicant had any past health or liquor violations which have resulted in the closing of their business or suspension of their license?